

Name
in
Full

Margaret A. Boyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Died at	Hillsboro	Coraline				
Date of death	Month	Day	Years	Months	Days	
1906	May	17	74	5	25	
Sex	Female	Color or Race	White	Birth-place	Pa.	
Occupation	Retired	Where Residing if not at place of death				
Married, Single or Widowed	Widow	Name of Wife or Husband	M. P.	Boyer		
Father's Name	Wm. R. Laog		(b)	Father's Birthplace	Pa.	
Mother's Maiden Name	Elyia Strong			Mother's Birthplace	Pa.	
Name of person giving information	Sister Mrs. E. L. Thompson			How related to deceased		

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Suffocation

How long

Sick about

Immediate

Death after Sennet

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

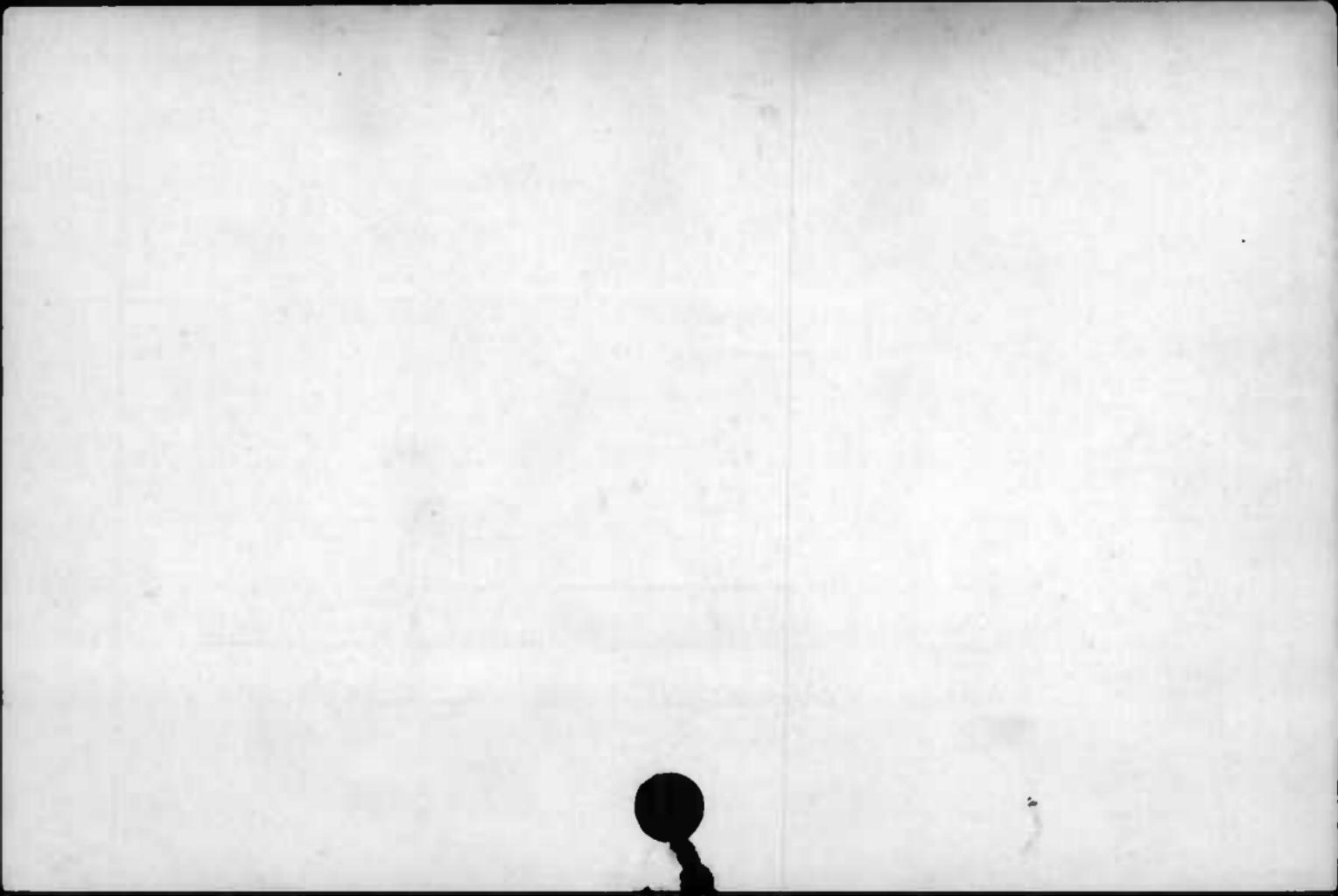
Roddy Gaskell

Zurie Anne

Mid.

Accident or Suicide?

No -



Name
in
Full

Emma Collins

CERTIFICATE OF DEATH

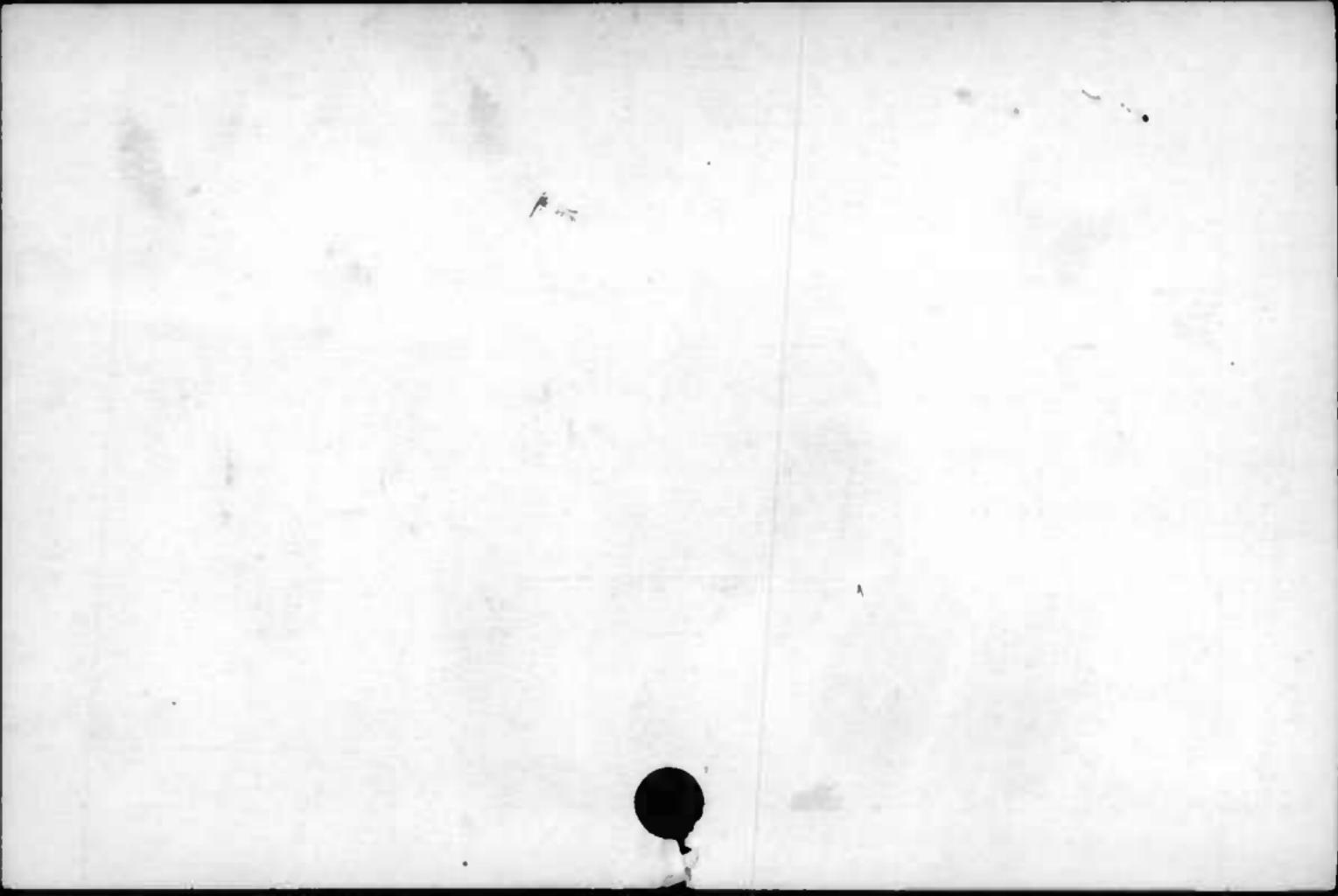
TO BE ANSWERED BY
NEAREST FRIEND

Died	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Emma Collins			
Father's Name	Charles E. Butter		Father's Birthplace	Md.	
Mother's Maiden Name	Charlotte A. Gross		Mother's Birthplace	Md.	
Name of person giving Information	Chas E. Butter		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	5 mos.
Immediate	Kamstion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Dr. W. T. Rose
		Address	Hillsboro, Md.
Accident or Suicide?			



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died <u>Mar</u>	Town <u>Killsboro</u>	County <u>Cecilie</u>	MARYLAND		
Date of death <u>1906</u>	Month <u>May</u>	Day <u>31</u>	Years <u>—</u>	Months <u>—</u>	Days <u>2</u>
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>Ms.</u>			
Occupation <u>—</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Ernest Collins</u>	Father's Birthplace <u>Md.</u>				
Mother's Maiden Name <u>Emma Butler</u>	Mother's Birthplace <u>Ms.</u>				
Name of person giving information <u>Chas. E. Butler</u>	How related to deceased <u>Grandfather</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary General debility - from arteritis.

Immediate X haemoptysis

Are the name, age, sex, color, date and place correctly given above?

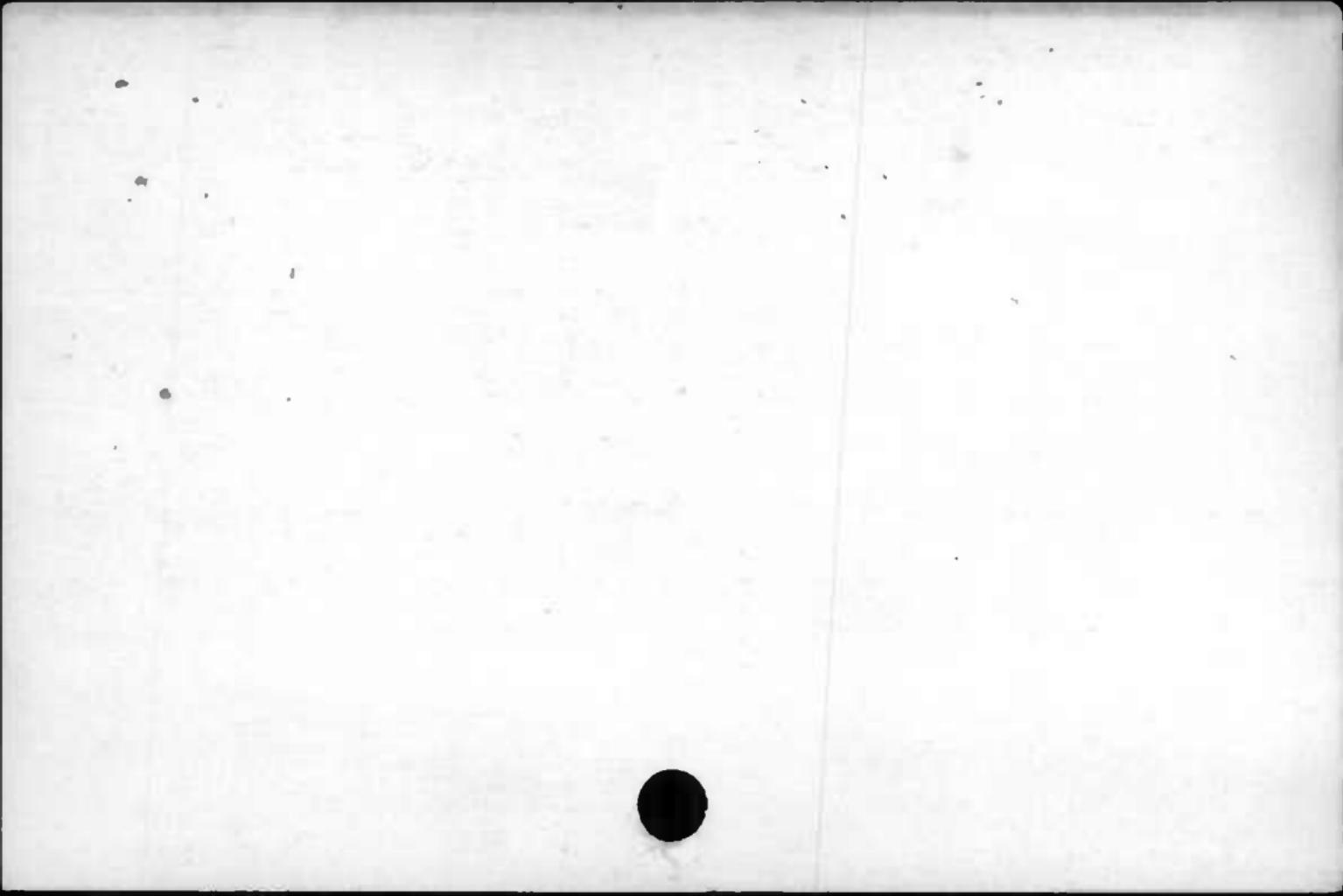
Signature of Physician

H. M. B. Rose,

Address

Killsboro, Md

Accident or Suicide?



Name
in
Full

Willie Dixon

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place	Near Denton	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

1906 May 23 6 11

Inade Black

—

Where Residing if not at place of death —

Ernest Dixon And

Matilda Flamer " And -

George Grouse And -

CAUSES OF DEATH

Primary

Pneumonia

93

How long

10 days

Immediate

Convulsions

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

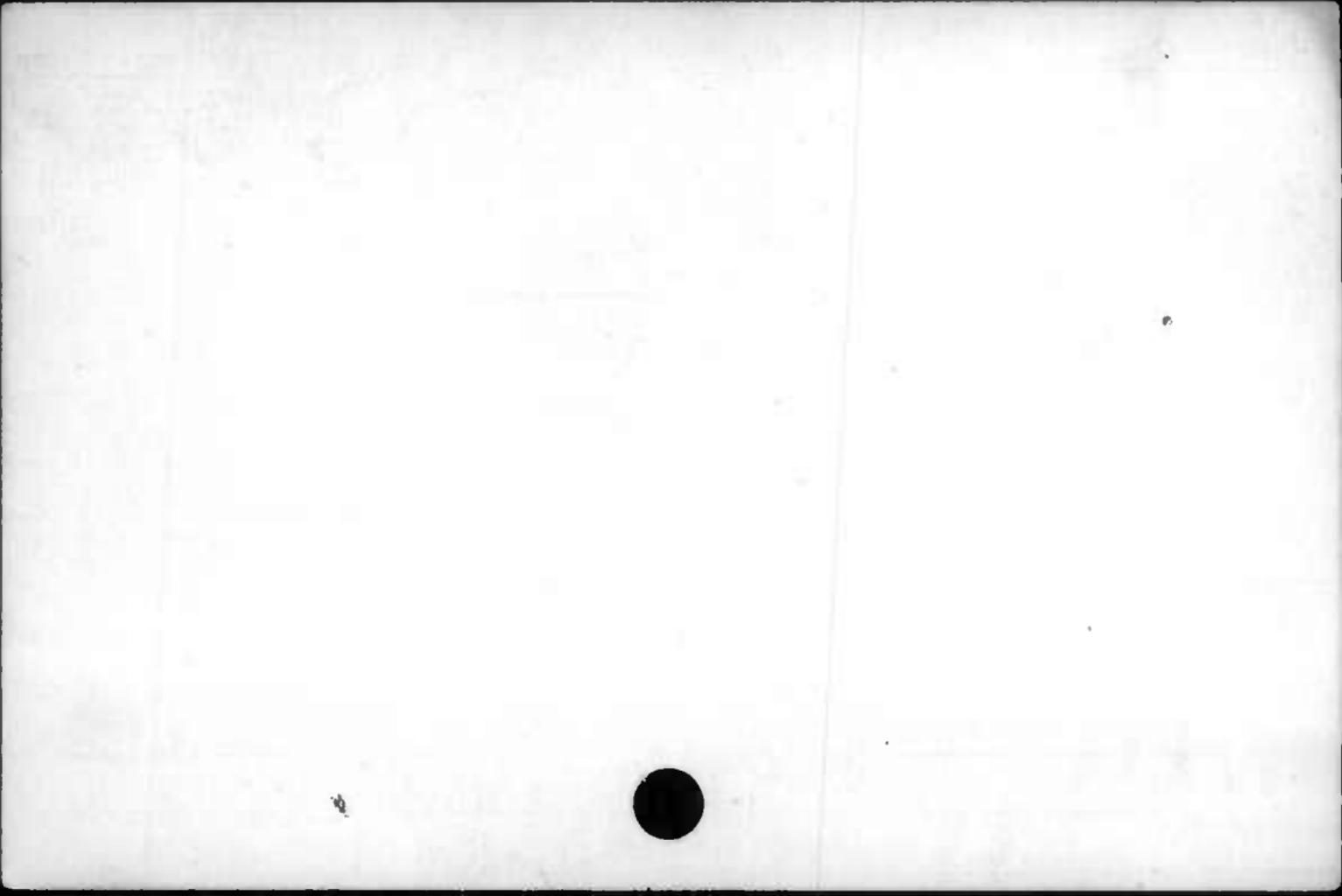
Address

G. W. Simmons.

Denton,

Md.

Accident or Suicide?



Name
in
Full

Born. Douglas

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing If not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	
Father's Name	J. Edward. Douglas	Mother's Birthplace	
Mother's Maiden Name	Nellie D. Robbins	How related to deceased	
Name of person giving information			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Sue Born.	How long
Immediate		How long

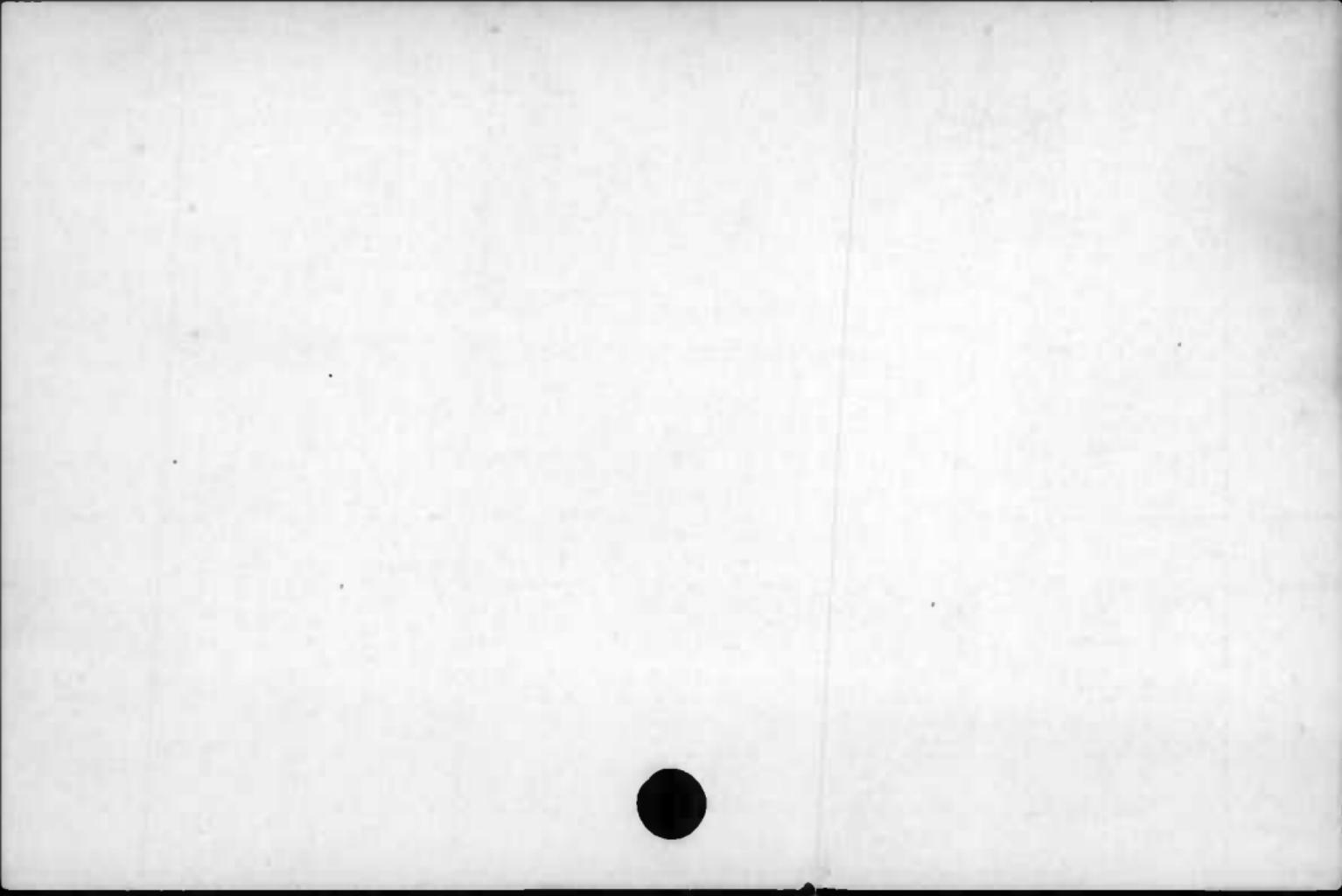
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. N. Nichols MD,
Denton Md,

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Arvel Washington Gould

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1906	Month May	Day 13	Years 1	Months 6-	Days 8	
Sex		Color or Race	Colored				
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		John R. Gould					
Mother's Maiden Name		Delia Simpson					
Name of person giving information		John R. Gould					

CAUSES OF DEATH

Primary	Pneumonia	(93)	How long	Two weeks
Immediate	Didnt see it in ^{serious} last		How long	Abo. one week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. H. Richard	
		Address	Ridgely, Md.	
Accident or Suicide?				

Hofre

Name
in
Full

Capt J. E. T. Hutchinson

CERTIFICATE OF DEATH

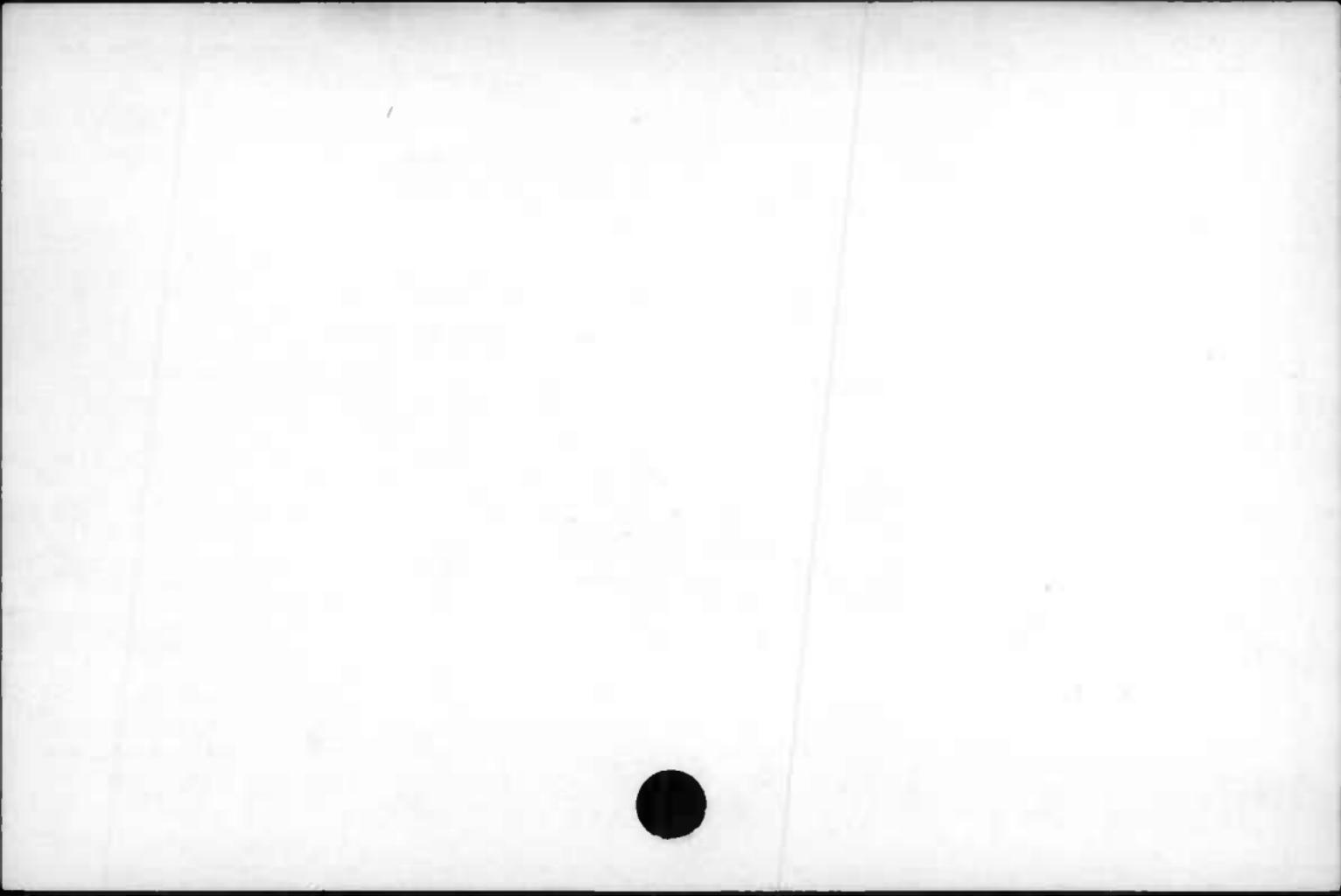
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Went to			
Father's Name	John Hutchinson				
Mother's Maiden Name	Elizabeth Dusler				
Name of person giving Information	Wm May Hutchinson				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis	(initials)	How long
Immediate	Bright's Disease	Exhau	2 yrs
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician
			Address
Accident or Suicide?		- Enoch Terry M.D. Dentue Caroline Co Md	



Name
in
Full

Louisa Lewis

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Caroline	County	MARYLAND
Date of death	Month	Age	Years	Months Days
1906	May	76	supposed	
Sex	Female	Color or Race	Colored	Birth-place
Occupation	Housewife	Where Residing if not at place of death	Pawleys	
Married, Single or Widowed	Widowed	Name of Wife or Husband	Richard Lewis	
Father's Name	Rock Washington Clark	Father's Birthplace	Maryland	
Mother's Maiden Name	Louisa Clark	Mother's Birthplace	"	
Name of person giving information	Eliza Taylor	How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Age
Paralysis



How long

Immediate

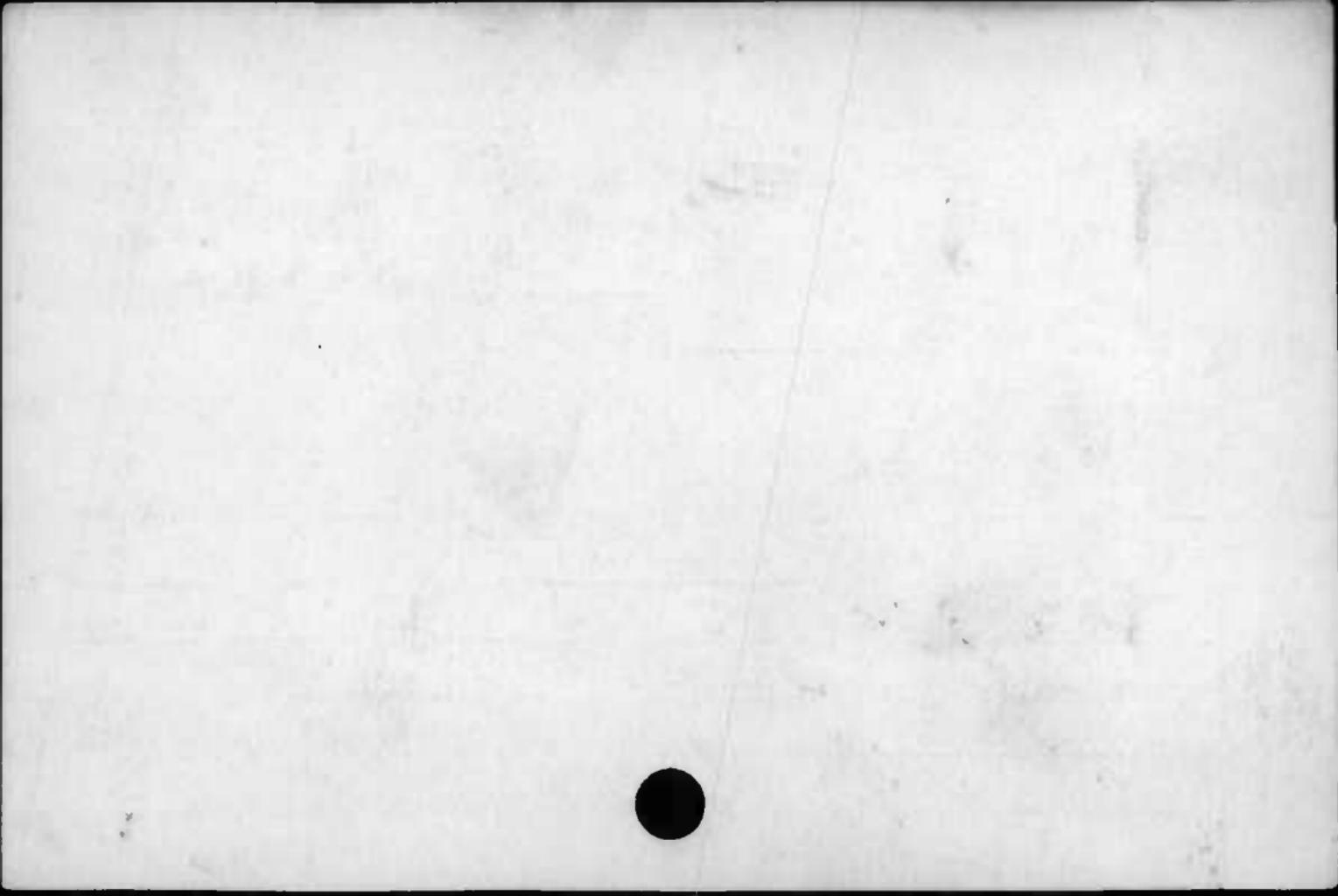
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

G. W. Simmsent
Denton.
Md.

Accident or Suicide?



Name
in
Full

Jessiphine Maloney

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town <u>Millerton</u>	County	<u>Carols</u>
Date of death	Month <u>1906</u>	Year <u>5</u>	Age <u>47</u>
Sex	Female	Color or Race	<u>White</u>
Occupation	<u>Farm wife</u>	Where Residing if not at place of death	<u>Carolton</u> <u>Millerton</u>
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	
Father's Name	<u>Henry Beauchamp</u>		
Mother's Maiden Name	<u>Sallie Beauchamp</u>		
Name of person giving Information	<u>Laura Coker</u>		
CAUSES OF DEATH			
Primary	<u>Brighta disease</u> (20) <u>3 months</u>		
Immediate	<u>disease</u>		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Dr R. J. Fisher</u>
		Address	<u>Huntington</u> <u>Tenn</u>
Accident or Suicide?			

—



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Sister Mary Dominica Mohr -				CERTIFICATE OF DEATH	
Died at <u>The Plains</u>		Town	<u>Caroline</u>	County	MARYLAND
Date of death	Month	Day	Years	Months	Days
<u>1906</u>	<u>May</u>	<u>16</u>	<u>Age</u>		
Sex <u>Female</u>	Color or Race <u>Caucasian</u>				Birth-place <u>Germany</u>
Occupation <u>Religious</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband				
Father's Name <u>Richard Mohr</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Eva Nieberle</u>	Mother's Birthplace <u>Germany</u>				
Name of person giving information <u>M. Dolores a Berg.</u>	How related to deceased				

CAUSES OF DEATH

Primary <u>Tuberculosis Pulmonalis</u>	How long <u>4 years.</u>
Immediate <u>Exhaustion</u>	How long

Are the name, age, sex, color, date and place correctly given above?

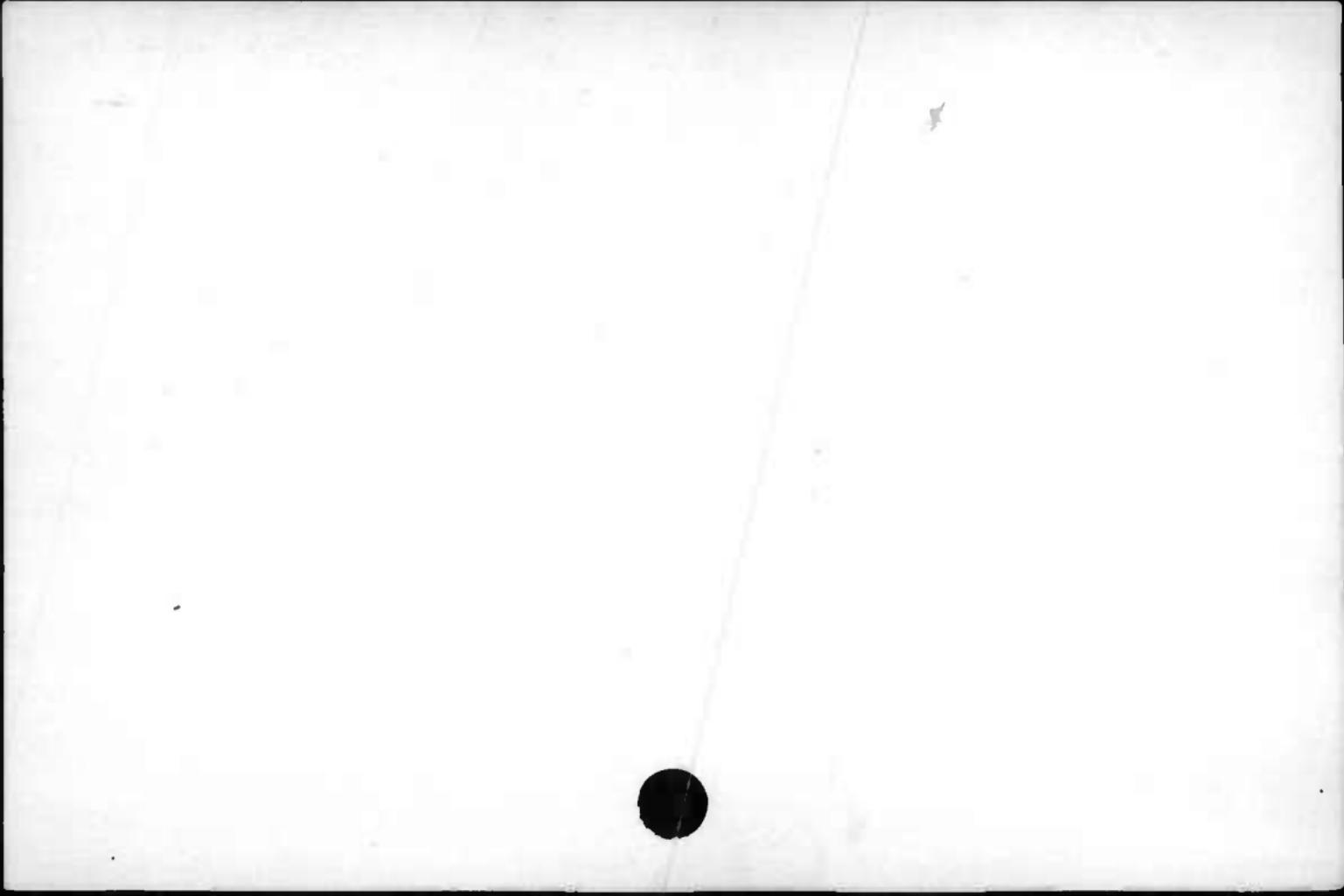
Yes

Signature of Physician

Address

A. A. Dowd M.D.
Ridgeley
West.

Accident or Suicide?



Name
In
Full

Z. B Morris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Ridgeley	Town	Caroline	County	MARYLAND
Date of death	1906	Month	May	Day	29
Age	60	Years		Months	9
Sex	Male	Color or Race	Caucasian	Birth-place	Sussex Co Del
Occupation	Livemaster	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Elizabeth Morris	Father's Birthplace	Sussex Co Del
Father's Name	Dal Morris			Mother's Birthplace	" " "
Mother's Maiden Name	Mary Truitt		(2)	How related to deceased	Friend
Name of person giving information	W. A. Smith				

CAUSES OF DEATH

Primary

Pneumonia

How long

3 years,

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

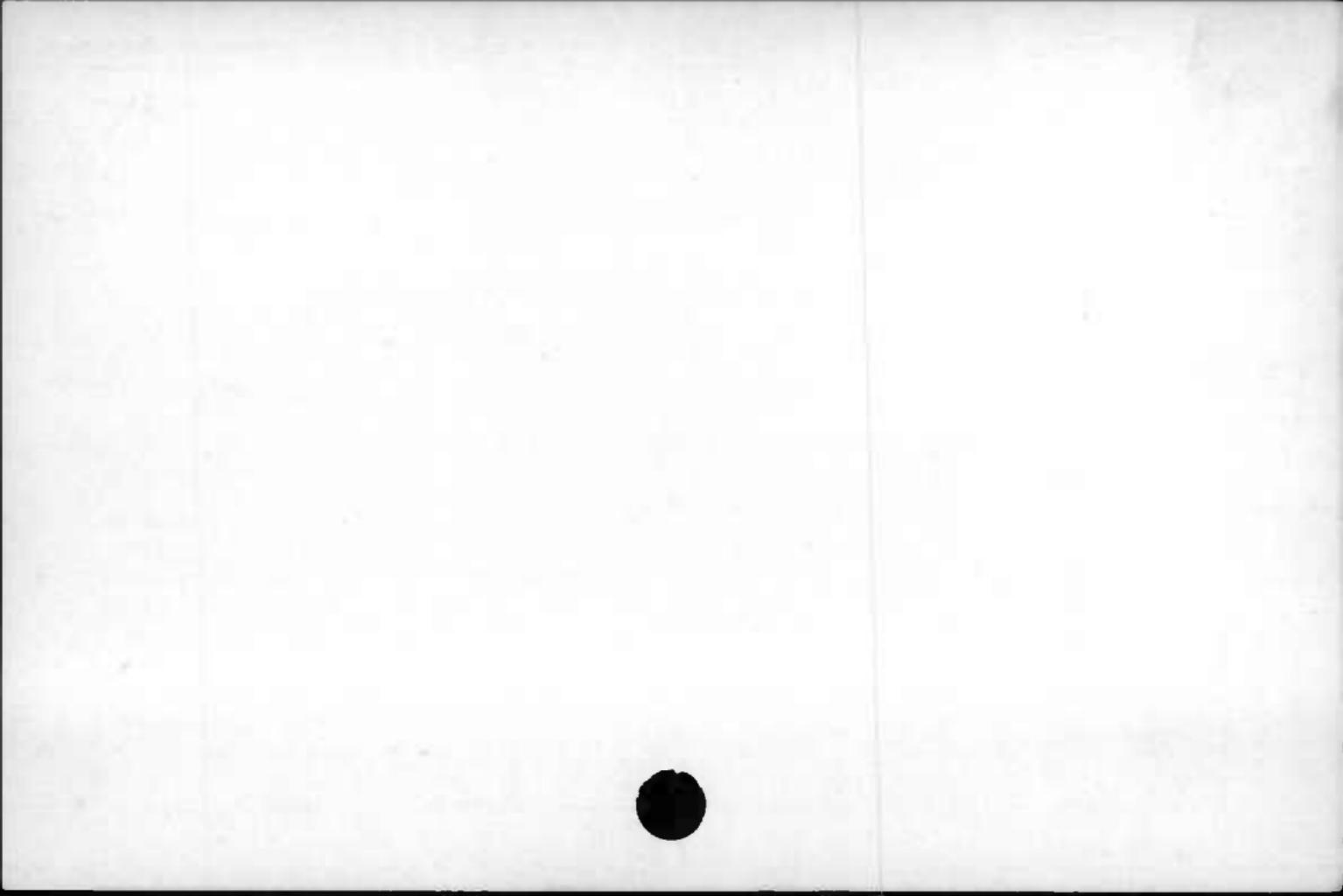
Signature of Physician

J. D. Stone

Address

Ridgeley
Md

Accident or Suicide?



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

George H. Paswater

CERTIFICATE OF DEATH

Died at	Town	Caroline		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days		
Sex	Male	Color or Race	Caucasian	Birth-place	dd	-	-
Occupation	Farmer		Where Residing if not at place of death				
Married, Single or Widowed	Harriet	Name of Wife or Husband	Minnie A. Downs.	Father's Name	Akela.		
Mother's Maiden Name	Maggie E. Adams		Father's Birthplace	Wela.			
Name of person giving Information	George H. Paswater		Mother's Birthplace	Brother			
How related to deceased							

CAUSES OF DEATH

Primary	Acute Mania. (6)	How long	Surres
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	S. J. Stomach,
Yes		Address	Ridgely
Accident or Suicide?			Well -

Hellsbow

Name
in
Full

Sarah Ella Peck

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name			
Mother's Maiden Name			
Name of person giving information			

Hillsboro Cordele

1906 5 8 36 11-20-

Female Colored Md.

Laborer

Single

George Peck

Thorish Berry

Henrietta Freeman

Piedmont Co.
Md. Cordele Co.
Sister

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Phthisis Pulmonalis

How long

1 yr -

Immediate

Signature of Physician

Address

Are the name, age, sex, color, date and place correctly given above?

yes -

Rashley Stockard
Tucker Anne
Md.

Accident or Suicide?

no -

v₂

Name
in
Full

Elizabeth Alice Brown

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Federal City - Md.</u>		County <u>Caroline</u>		MARYLAND	
Date of death <u>1906</u>	Month <u>May</u>	Day <u>13</u>	Years <u>64</u>	Months <u>- 8 -</u>	Days <u>- 8 -</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore, Maryland, Pa.</u>			
Occupation <u>Homemaker</u>		Where Residing if not at place of death <u>-</u>			
Married, Single, or Widowed	Name of Wife or Husband <u>Dr. Wm. Brown</u>				
Father's Name	<u>Jonathan Butler</u>				Father's Birthplace <u>Conn.</u>
Mother's Maiden Name	<u>Alice Garroway</u>				Mother's Birthplace <u>Conn.</u>
Name of person giving Information	<u>John C. Cook</u>				How related to deceased <u>Son</u>

CAUSES OF DEATH

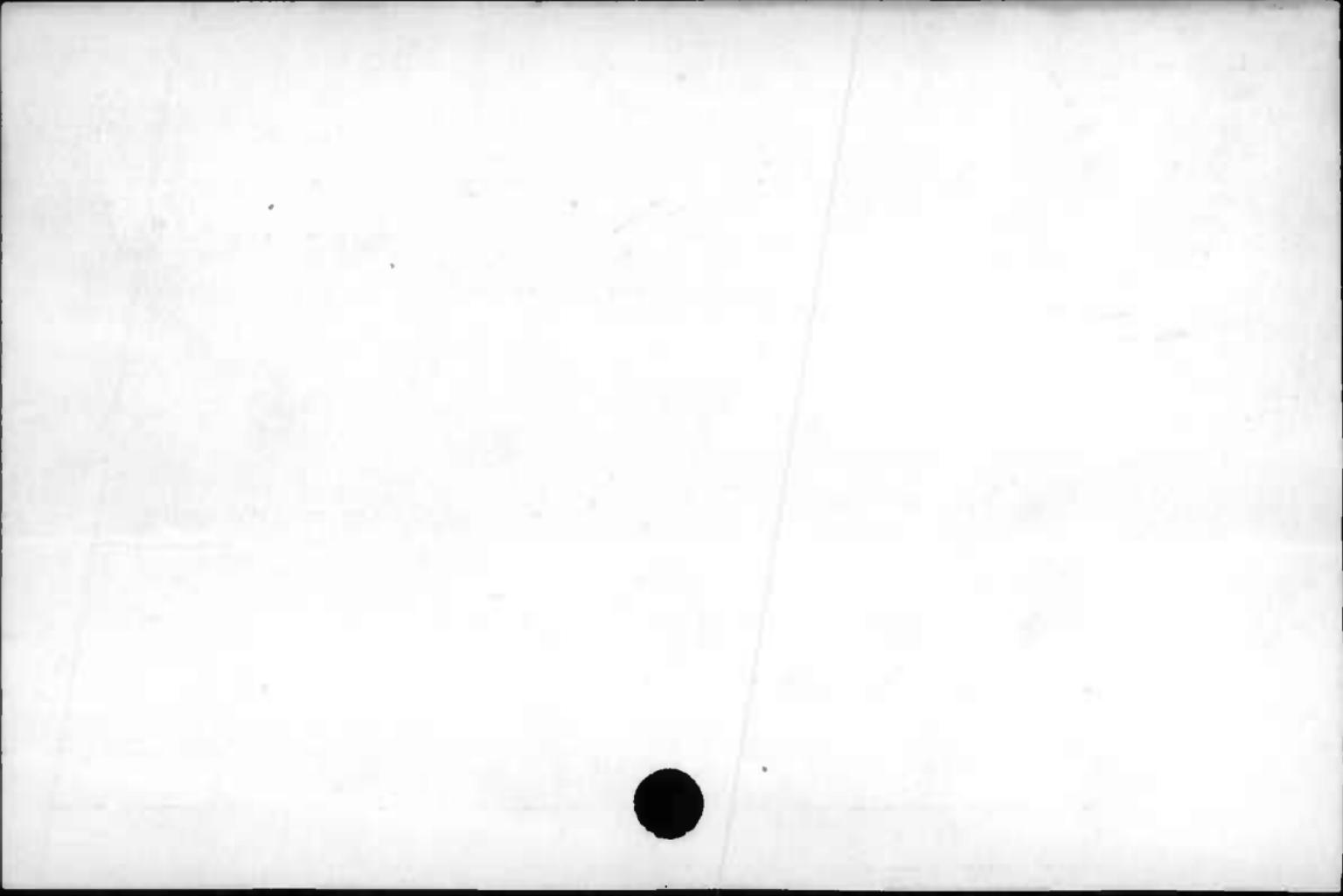
Primary	<u>Pneumonia, cerebral hemorrhage</u>	How long <u>2 yrs.</u>
Immediate	<u>Exhaustion</u>	How long <u>6 hrs.</u>

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Edward L. Sailor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death 190	Month	Day	Years	Months Days
Sex	Color or Race	Age 2 10 28		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	at Ridgely		
Father's Name	John Sailor			
Mother's Maiden Name	Challane Larish			
Name of person giving Information	How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bad old + lack of nourishment - Three months	
Immediate	Consumption (Twisted away) Two months	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	Address	
Accident or Suicide?		

Bronxton

Name
In
Full

Arthur Williamson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Indic Beach cups.	
Father's Name	Elias W Williamson		
Mother's Maiden Name	Eliza A Fisher		
Name of person giving information	Lacy Stephen		
CAUSES OF DEATH			
Primary	Pneumonia	(93)	How long 3 weeks
Immediate	-		How long 3 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician
Accident or Suicide?		-	Address

PHYSICIAN
OR CORONER

Check George W D
Denby Covington County
Maryland

